

New Guidelines for Treatment of Gonorrhea

March 2, 2004

The 2002 STD Treatment Guidelines from CDC states that, “Quinolones should not be used for treating gonococcal infections acquired in Asia or the Pacific including Hawaii. In addition, quinolones are inadvisable for treating infections acquired in California and in other areas with increased prevalence of quinolone resistance.” Recent findings* from the Gonococcal Isolate Surveillance Project (GISP) in Seattle have indicated that Washington State is now an area with increased prevalence of quinolone-resistant *Neisseria gonorrhoeae* (QRNG). Based on these findings, the Washington State Department of Health is adopting the following recommendations that are similar to those established in December 2003 by Public Health–Seattle & King County.

1. **Health care providers in Washington State should no longer use fluoroquinolones (ciprofloxacin, levofloxacin and ofloxacin) as first line therapy for gonorrhea.** In particular these drugs should be avoided when treating men who have sex with men (MSM) for proven or suspected gonorrhea and should be used with caution, if at all, in other patients.
2. Providers are urged to contact their local health jurisdiction whenever a gonorrhea treatment failure is suspected, or if there is other evidence of possible antibiotic-resistant infection.

GONORRHEA TREATMENT RECOMMENDATIONS

The antibiotics of choice to treat uncomplicated gonococcal infections of the cervix, urethra and rectum include:

- Ceftriaxone (Rocephin™) 125 mg intramuscularly in a single dose;
- OR
- Cefpodoxime (Vantin™) 400 mg orally in a single dose.

Either regimen should be followed with either azithromycin 1.0g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days, to treat possible coexisting chlamydial infection.

When well-documented penicillin allergy or other contraindications preclude treatment with a cephalosporin, patients can be treated with single-dose azithromycin 2.0 g orally once or ciprofloxacin 500 mg (or another fluoroquinolone can be given), followed by a test-of-cure. (Cefixime, until recently recommended for treating gonorrhea in a single dose, is no longer available in the United States.)

**From January 2002 through June 2003 there were only sporadic cases of fluorquinolone- resistant gonorrhea in King County, amounting to 1-2 percent of all isolates tested. Beginning in July 2003 an*

increase was noted and during October-December, 22 (16.5 percent) of 133 gonococcal isolates had minimal inhibitory concentrations of ciprofloxacin of 4 mg/L or higher, a level of resistance associated with at least 50 percent rate of treatment failure with recommended fluoroquinolone regimens. Of the 22 recent cases, 21 were men, most of whom acknowledged sex with male partners. Many of these quinolone-resistant gonococci also had decreased susceptibility to tetracycline and azithromycin.

Please call the state STD Program Office at 360 236-3460 if there are any questions.